

# PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

Application or Docket Number

10/605763

## CLAIMS AS FILED - PART I

|   | (Column 1)   | (Column 2)   |
|---|--------------|--------------|
| TOTAL CLAIMS  |              |              |
| FOR   | NUMBER FILED | NUMBER EXTRA |
| TOTAL CHARGEABLE CLAIMS                                   | minus 20=    | *            |
| INDEPENDENT CLAIMS  | minus 3 =    | *            |
| MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/> |              |              |

SMALL ENTITY  
TYPE ☐

OR OTHER THAN  
SMALL ENTITY

| RATE      | FEE    |
|-----------|--------|
| BASIC FEE | 375.00 |
| X\$ 9=    |        |
| X42=      |        |
| +140=     |        |
| TOTAL     |        |

| RATE      | FEE    |
|-----------|--------|
| BASIC FEE | 750.00 |
| X\$18=    |        |
| X84=      |        |
| +280=     |        |
| TOTAL     |        |

\* If the difference in column 1 is less than zero, enter "0" in column 2

## CLAIMS AS AMENDED - PART II

1-27-05

|   | (Column 1)                       | (Column 2)                         | (Column 3)    |
|---|----------------------------------|------------------------------------|---------------|
| AMENDMENT A   | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| Total   | * 14                             | Minus ** 22                        | =             |
| Independent   | * 3                              | Minus *** 1                        | =             |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |                                  |                                    |               |

SMALL ENTITY

OR OTHER THAN SMALL ENTITY

| RATE                | ADDI-<br>TIONAL<br>FEE |
|---------------------|------------------------|
| X\$ 9=              |                        |
| X42=                |                        |
| +140=               |                        |
| TOTAL<br>ADDIT. FEE |                        |

| RATE                | ADDI-<br>TIONAL<br>FEE |
|---------------------|------------------------|
| X\$18=              |                        |
| X84=                |                        |
| +280=               |                        |
| TOTAL<br>ADDIT. FEE |                        |

|   | (Column 1)                       | (Column 2)                         | (Column 3)    |
|---|----------------------------------|------------------------------------|---------------|
| AMENDMENT B   | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| Total   | *                                | Minus **                           | =             |
| Independent   | *                                | Minus ***                          | =             |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |                                  |                                    |               |

| RATE                | ADDI-<br>TIONAL<br>FEE |
|---------------------|------------------------|
| X\$ 9=              |                        |
| X42=                |                        |
| +140=               |                        |
| TOTAL<br>ADDIT. FEE |                        |

| RATE                | ADDI-<br>TIONAL<br>FEE |
|---------------------|------------------------|
| X\$18=              |                        |
| X84=                |                        |
| +280=               |                        |
| TOTAL<br>ADDIT. FEE |                        |

|   | (Column 1)                       | (Column 2)                         | (Column 3)    |
|---|----------------------------------|------------------------------------|---------------|
| AMENDMENT C   | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| Total   | *                                | Minus **                           | =             |
| Independent   | *                                | Minus ***                          | =             |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |                                  |                                    |               |

| RATE                | ADDI-<br>TIONAL<br>FEE |
|---------------------|------------------------|
| X\$ 9=              |                        |
| X42=                |                        |
| +140=               |                        |
| TOTAL<br>ADDIT. FEE |                        |

| RATE                | ADDI-<br>TIONAL<br>FEE |
|---------------------|------------------------|
| X\$18=              |                        |
| X84=                |                        |
| +280=               |                        |
| TOTAL<br>ADDIT. FEE |                        |

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

\*\*\*If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

JAN 27 2005

PTO/SB/22 (10-00)

Approved for use through 10/31/2002. OMB 0631-0031

U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

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|  |                               |  |
|--|-------------------------------|--|
| <b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b>  |                               | Docket Number (Optional)<br><b>P7224.2US</b> |
| In re Application of <b>Matthias Bleeck et al.</b>   |                               |  |
| Application Number <b>10/605,763</b>   | Filed <b>10/24/2003</b>       |  |
| Title <b>Compensation Device for Compensating Volumetric Expansion of Media, Especially of a Urea-Water Solution During Freezing</b> |                               |  |
| Group Art Unit <b>3752</b>   | Examiner <b>James F. Hook</b> |  |

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. The requested extension and appropriate fees are as follows (check time period desired):

☐ Applicant claims small entity status. See 37 CFR 1.27.

|                                  | Large Entity  | Small Entity                              |
|----------------------------------|---|---|
| One month (37 CFR 1.17(a)(1))    | <input type="checkbox"/> \$ <u>120.00</u>             | <input type="checkbox"/> \$ <u>60.00</u>  |
| Two months (37 CFR 1.17(a)(2))   | <input type="checkbox"/> \$ <u>450.00</u>             | <input type="checkbox"/> \$ <u>225.00</u> |
| Three months (37 CFR 1.17(a)(3)) | <input checked="" type="checkbox"/> \$ <u>1020.00</u> | <input type="checkbox"/> \$ <u>510.00</u> |

☐ The Commissioner has already been authorized to charge fees in this application to a Deposit Account.

☒ The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 50-1189.

I am the ☐ applicant/inventor  
☐ assignee of record of the entire interest. See 37 CFR 3.71.  
 Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  
☒ attorney or agent of record: **35747**  
☐ attorney or agent under 37 CFR 1.34(a).  
 Registration number if acting under 37 CFR 1.34(a): \_\_\_\_\_

**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**

January 27, 2005  
Date

*Gudrun E. Huckett*  
Signature  
Gudrun E. Huckett, Reg. No. 35,747  
Typed or printed name

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

| CERTIFICATE OF MAILING OR TRANSMISSION  |                                 |      |                  |
|---|---------------------------------|------|------------------|
| I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Alexandria, VA 22313, or facsimile transmitted to the U.S. Patent and Trademark Office, fax # 703-872-9306 on the date shown below. |                                 |      |                  |
| Name (Print/Type)   | Gudrun E. Huckett               |      |                  |
| Signature   | <u><i>Gudrun E. Huckett</i></u> | Date | January 27, 2005 |
| <input type="checkbox"/> Total of _____ forms are submitted.  |                                 |      |                  |

Burden Hour Statement: This form is estimated to take 0.1 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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PAGE 9/10 \* RCVD AT 1/27/2005 9:28:00 AM [Eastern Standard Time] \* SVR:USPTO-EFXXF-1/0 \* CNIS:8729306 \* CSID:492022570372 \* DURATION (mm-ss):03-14